Director's Signature:		Jacem					Time I	Log/Prograi	m / Area:	2048 Bosto	n Drug Lah			• .
Employee signatures on this time shee	et certify site emp	loyee has performed the	work associa	ted with the a	iccount(s) li	sted.	•			20.0 2000	n Drug Lub			
		•						Week	Ending:	May 29,	2010			
Employee Name:		Sunday 05/23/10	Monday 0	5/24/10	Tuesday 05	i/25/10 <u></u>	Wednesday	05/26/10	Thursday 0	5/27/10	Friday 0 <i>5</i> /28	/10	Saturday 05	5/29/10
Corbett, Kate	Day: In – Out		119	23:45	(145)	JU)	(14)	20	(L <sup>SU</sup> )	250	(14)	215	-	
45161000	Lunch: Out In		(2°00)	1230	130	D30	De	1230	(2:00	13,30	1700	130		
Employee Signature	Outside Duty: From – To				1				\ <u>-</u>			· ·		
Document exceptions or comments, indica amount.	te type and									-	,	-		
Dookhan,Annie	Day: In – Out		6.45	415	645		6.45	415	6.45	2 <sup>53</sup>	645	4:5		
45161000	Lunch: Out – In	at a state of the	1200	1230	1200	(230	1200	1230	1500	1230	1200	1230		
Employee Signature	Outside Duty: From – To													
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Feiden, Stacey	Day: In – Out		8-15	4:15	7:30	3:30	8:15	1:45	8:20	4:20	7.30	3:30	2 2 2	
8400-9745	Lunch: Out – in		12:00	12:30	15:00	12:BO	1200	12.30		12:30	12:00	12:30		
Employee Signature	Outside Duty: From – To								/					
Document exceptions or comments, indica amount.	ate type and						2.5	sic						
Frasca,Daniela	Day: In – Out		7:00	3:00	6:45	2:48	7:00	5:09	6:45	5:45	6:45	2:45	2 Pro 12	- <del>1</del>
45161000	Lunch: Out – In		1:05	1	1:10	1:40		1:15		2:00		1130	10 10 10 12	Part Control
Employee Signafure	Outside Duty: From – To								-					AND THE PROPERTY OF THE PROPER
Document exceptions or comments, indic amount.	ate type and						07	2hr.	07	3hr.]				

Director's Signature:	( Halenn	Time I authorized to	
Employee signatures on this time sheet of	certiff the employee has performed the work associated with the account(s) listed.	Time Log/Program / Area:	2048 Boston Drug Lab
Para and a second of this time sheet co	erity the employee has performed the work associated with the account(s) listed		

Week Ending: May 29, 2010

Employee Name:		C.,,,d.,,,05/22/40	T		· · · · · · · · · · · · · · · · · · ·	ek Ending:iviay 29	, 2010	
	Davis .	Sunday 05/23/10	Monday 05/24/10	Tuesday 05/25/10	Wednesday 05/26/10	Thursday 05/27/10	Friday 05/28/10	Saturday 05/29/10
Glazer,Lisa	Day: In – Out Lunch:		6,452,4	5645485	6:45%	6,450,46		
45161000	Out – In	1000 1000 1000 1000 1000 1000 1000 100	12:00 12:30	) [a°60] [a;30	130	2:00 (2:3		
<b>Employee Signature</b>	Outside Duty: From – To							
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Lawler, Michael	Day: In – Out				820 520	815		
45161000	Lunch: Out – In				200 236	1220		
Employee Signature	Outside Duty: From – To							
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Medina, Nicole	Day: In – Out		7.0 3:50		745 3:45	715 3:15	7:40 2:55	
45 \$1000	Lunch: Out – In		12 123		n 1230	12 12	1, 11 11 33	
Employee Signature	Outside Duty: From – To							
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O'Brien, Elisbeth	Day: In – Out		750 YZO	745 245	750 520	735 235		
45161960 A 34 AR	Lunch: Out – In		1130 200	1130 200	1130 1200	1130 120		
Employee Signature	Outside Duty: From – To					111111		
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Director's Signature:  Employee signatures on this time she	et certify the em	ployee has performed the	work associated with the	account(s) L	isted.	Time	Log/Progra	am / Area:	2048 Bos	ton Drug Lab		
Employee Name:		Sunday 05/2040					Wee	k Ending:	May 29,	2010		
Philips, Gloria	Day: In – Out	Sunday 05/23/10	Monday 05/24/10	Tuesday 0	5/25/10	Wednesday	y 05/26/10	Thursday (	)5/27/10	Friday 05/28	8/10	Saturday 05/29/10

Employee Name:		Sunday 05/23/10	Monday 0	5/24/40	T		T			IVIAY 29	, 2010	<del>,</del>	· · · · · · · · · · · · · · · · · · ·	
	Day:			3/24/10	Tuesday 0	5/25/10	Wednesda	y 05/26/10	Thursday	05/27/10	Friday 05/	28/10	Saturday (	05/29/10
Philips, Gloria	In – Out		8:15	4:15					•				1	
45264090 Pl 10	Lunch: Out – In		12:00	12:30								/-	\$ 7 mm	
Employee Signature	Outside Duty: From – To								/		-/			Super St.
Dogument					MAN AT	<u></u>	CANT		10.00					
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Piro, Peter	Day: In – Out		730	600	75	615	130 /	130	75	(2/5)	155	600	145	linus
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			2.	s /	3.0	J	3.0	'	3.	0 /	3.0		9,5	J
Renczkowski, Daniel	Day: In – Out		U50	250	045	445	(45	445	6.45		1,45	· · · · · · · · · · · · · · · · · · ·	سيرورو ر	
45161000	Lunch: Out – In			1930	1200	1330				445	<i>u</i> >	245	-6:45	245
Employee Signature	Outside Duty: From – To				1200	10-30	1200	J230	<u> טטכל</u>	1930	1145	1215	1200	1739
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amount.					2 h	55V	ah	(5)	้อเ	, がらレ			OT	. ب سر ا
Saunders, Della	Day: In – Out	- 1779 g	1:45	6:15	6:45	4:45	1:45	- 1			6.45	3:15	7.5	
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Director's Signature:		aleme	j					Timo	Log/Drogs	nm / A					
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<u></u>									Wee	k Ending:	May 29	, 2010			
Employee Name:		Sunday 05/23/1	0	Monday (	5/24/10	Tuesday 0	5/25/10	Wednesda		Thursday		Friday 05/2	8/10	Saturday 0	5/29/10
Spraque, Shirley	Day: In – Out			840	440	900	500	GN	500		500	810	415	Catalag V	5/25/10
45161900	Lunch: Out – In			100	130	100	136	100	130	100	130	100	130		
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Tan, Zhi	Day: In – Out	The state of the s	¥.	6igs	6:12	645	6.15	6:45	6:15	6.45	6:15	6:41	6:17	6.45	4:45
45161000	Lunch: Out – In			18:50	12:20	11:55	(2:25	12:00	12:30	12:00	<del> </del>	6:45 12:00	6;w 12:30	13 : vr	(F.3d
Employee Signature	Outside Duty: From – To														
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Tran, Mai	Day: In – Out	200		810	110			810	2:10		315				
45161000	Lunch: Out – In									1130	12	-		**************************************	
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45161000	Lunch: Out – In														
Employee Signature	Outside Duty: From – To														
Document exceptions or comments, indica amount.	ate type and										*	-			

## William A. Hinton State Laboratory Institute

## OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval prior to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: <u>Listed Below</u> Employee #: <u>Listed Below</u>

Department: Deug Laboratory

	s requested: <u>Lisky Below</u>	0
Why wor	k cannot be completed during regular ho	ours: <u>Sig<i>i</i>nFicart BicKligar</u>
Overtime	is to be:adde (if OT rateadde (if OT rate, complete below)	ed to comp time balance
OT Accou	int: <u>8100-974-5</u>	
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Approva		
Supervise	or: Sillenn	Date: <u>5/26</u>
Departme	ent Head: Julianue	Many Date: 5/26
Denial re	ason: Cus	5
	7,400	
Name	Employee ID# Overtime earned  Name	Employee ID #   Overtime ea
Michael Lun	Wor 191459 9,5 hrs	
EKR PIRO	138634 9,5 hrs	
hnict kenczki	auski 297673 7.5 NES	
<u>tella Sauna</u>	147387 7,5MPS	
Uni law	148734 9, Thes	i i